

Travel & Expense Account Summary

Employee Name Lynn Daucher
Expense Dates 12/02/09-12/03/09
Report Name Dir-Dec 2009

Request Total \$ 126.95
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = 126.95

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Dir-Dec 2009	126.95

DATE	Wed Dec 2	Thu Dec 3								TOTAL
Mileage, Personal Auto	37.40	15.95								53.35
Parking, Auto	9.00									9.00
Commercial Air Fare		64.60								64.60
TOTALS \$	46.40	80.55								126.95

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Daucher, Lynn			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT CA Department of Aging	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU Directorate			INDEX NUMBER
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 1300 National Drive, Ste 200			TELEPHONE NUMBER 916-419-7500
CITY Sacramento	STATE CA	ZIP CODE	CITY Sacramento, CA			STATE CA
						ZIP CODE 95834

[illegible]

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required) 12/9-Lunch meeting and tour in PSA 14							(12) NORMAL WORK HOURS
							(13) PRIVATE VEHICLE LICENSE NUMBER
							(14) MILEAGE RATE CLAIMED
CALSTARS CODING							AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NO.
FY	INDEX	OBJ	AG	PCA	AMOUNT	PROJ-WP	

(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE, OFFICER APPROVING TRAVEL&PAYMENT	DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)	DATE